

## SIDEWALK MAINTENANCE PROGRAM OPT-OUT NOTICE

## ONLY COMPLETE THIS FORM IF YOU ARE CHOOSING TO OPT-OUT OF THE SIDEWALK MAINTENCE PROGRAM

Property Information				
Physical Address:		Parcel ID:		
PROPERTY OWNER'S CONTACT INFORMATION				
Name (print):	Mailing Address:			
Email:	Telephone Number (optional):			
To be Complet	TED BY PROPERTY OWN	IER:		
<ol> <li>This fully completed and signed notice shall be submitted to the City of Hilliard in accordance with Hilliard Codified Ordinance Section 909 to notify the City you are choosing to opt-out of the Sidewalk Maintenance Program and complete the repair yourself. Submit this notice to sidewalks@hilliardohio.gov (preferred method) or mail/drop off at City Hall:</li></ol>				
3. All repairs shall be completed and approved in accordance with Hilliard Codified Ordinance Section 909 by the deadline established in the written notice or your property will be added back into the Sidewalk Maintenance Program to have incomplete repairs completed by the City and billed or assessed to the property owner.				
PROPERTY OWNER SIGNATURE				
I /We certify that the information on this notice is complete and accurate to the best of my/our knowledge and hereby acknowledge and accept the terms and conditions of the OPT-OUT as stated herein and as otherwise set forth in the Hilliard Codified Ordinances.				
Property Owner's Signature		Date		
Property Owner's Signature		Date		

_	
⋖	
Z	ш
$\sim$	Ū
ш	Ξ
⊢.	_
Z	

RECEIVED:		

PERMIT #: